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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of India

Proposed UNFPA assistance:	$100 million, $80 million from regular resources and $20 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Fifth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	65	11	76
Population & development strategies	6	8	14
Advocacy	9	1	10
Total	80	20	100

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INDIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	33.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	43.0	≥55
Access to basic health services (%)[3]	85.0	≥60
Infant mortality rate (/1000)[4]	82.0	≤50
Maternal mortality rate (/100,000)[5]	460.0	≤100
Gross female enrolment rate at primary level (%)[6]	67.8	≥75
Adult female literacy rate(%)[7]	35.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	935,744	Annual population growth rate (%)	1.8
Population in year 2000 (000)	1,022,021	Urban	3.0
Sex ratio (/100 females)	106.9	Rural	1.3
Per cent urban	26.8	Crude birth rate (/1000)	26.6
Age distribution (%)		Crude death rate (/1000)	8.9
Ages 0-14	35.2	Net migration rate (/1000)	-0.1
Youth (15-24)	18.9	Total fertility rate (woman)	3.42
Ages 60+	7.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	50.1	Males	62.6
Median age (years)	22.8	Females	62.9
Population density (/sq. km.)	285	Both sexes	62.8
		GNP per capita (U.S. dollars, 1994)	310

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the five-year period 1997-2001 to assist the Government of India achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $100 million, of which $80 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $20 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's fifth programme of assistance to India.

2. The proposed programme was developed with the participation and in cooperation with the Government of India, national experts and non-governmental organizations (NGOs) following a programme review and strategy development (PRSD) mission that visited India in August 1996. The new programme has been designed to coincide with the Government's Ninth Five-Year Plan (1997-2001) and with UNDP's fifth programme cycle.

3. The main purpose of the proposed programme would be to complement the Government's efforts to operationalize the reproductive health approach to replace the target-oriented family welfare programme of the past. The programme would assist the Government in meeting its national goals of improving the reproductive health of India's women, men and adolescents and of achieving an early stabilization of the country's population. The proposed programme would operate within the framework of the Government's policies of decentralizing authority to local governments.

4. The proposed programme will operate at two levels. In order to help the country meet the needs of its citizens for quality reproductive health services, the programme will assist in the provision of such services in 40 districts in six states. Some of these districts were chosen because they have particularly unfavourable reproductive health indicators and/or lack a full range of essential services while others were selected because they are relatively better endowed with services and can easily serve to develop programmes for replication elsewhere. These interventions are intended to have an immediate impact on the districts where they will be implemented as well as to serve as models for other states and districts. At the national level, the programme will assist the Government in promoting the integration of population issues within a wider developmental context; implementing the national policy for the empowerment of women and special programmes to improve women's status and address gender disparities; and strengthening the logistics system for distribution of contraceptives as well as increase the contraceptive method choice. The programme also aims to help the Government strengthen its advocacy efforts in favour of reproductive health to incorporate the concepts and approaches of the International Conference on Population and Development (ICPD).

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. India's population in 1996 was over 950 million and, at an annual growth rate of about 1.8 per cent, it will cross the billion mark before the end of the millennium. Despite the fact that birth rates and fertility levels have fallen everywhere in India, there are wide regional variations, ranging from a total fertility rate of 4.8 in Uttar Pradesh to 1.9 in Goa and Kerala. The pace of fertility decline has accelerated in recent years, due mostly to the increased use of modern contraception. However, due to the large population base and a relatively young population profile, India's population would continue to grow for another 40 years even if replacement fertility were reached immediately. Economic growth has been robust in the last two years, but poverty remains very high and continues to be the most important development challenge. Though India still remains a rural nation, it is experiencing rapid urbanization. By the year 2021 about 50 per cent of the population is projected to be living in cities and towns. This rapid growth has important implications for health services in urban areas, particularly for slum dwellers and other vulnerable groups. India is classified as a category "A" country in terms of UNFPA's new approach for resource allocation.

7. Women in India lack power with regard to many of the decisions that affect their lives, including those of health and fertility. Preference for sons continues, resulting in discrimination and neglect of the girl child and, in some cases, to female infanticide. Of serious concern is the overall female-to-male sex ratio of the population, which has been declining consistently over the decades to a level of 927 women per 1,000 men, according to the 1991 census. Educational inequalities between females and males are pronounced, with male literacy at about 64 per cent while female literacy is only around 35 per cent. Employment of women continues to be very low, and most of their work remains home-based.

8. India has been a leader in developing national population and health policies and in many respects has achieved significant success. In the past 40 years, life expectancy at birth has doubled; infant mortality dropped from an average of 150 per 1,000 live births to 82 per 1,000; maternal mortality was reduced from 800 per 100,000 live births to 460 per 100,000. Fertility levels declined from over 6 children per woman to an average of 3.4, while the contraceptive prevalence rate increased from less than 10 per cent to 43 per cent. However, female sterilization currently accounts for over 80 per cent of modern contraceptive practice, which suggests a strong need for increasing the use of temporary methods. The current use of pills and intra-uterine devices (IUDs) are less than 1.2 and 1.9 per cent, respectively, of the total use of contraceptives. India manufactures and distributes its own contraceptives -- including pills, IUDs and condoms -- and UNFPA has played a significant role in bringing about this self-sufficiency. However, there is a very low use of

contraceptives among the age groups in which fertility is highest, 15-19 and 19-24, who have been neglected by both the health and the family welfare programmes. As a consequence, there is a notably higher risk of maternal mortality and morbidity in these age groups.

Previous UNFPA assistance

9. UNFPA assistance has contributed significantly to India's advances in the areas of population and reproductive health. Support for maternal and child health and family planning (MCH/FP) programmes has helped to improve family planning services in backward districts in three states by providing intensive support under the Area Development Projects scheme. The Fund has also helped India to achieve self-sufficiency in local production of IUDs and oral pills. In assessing UNFPA's past assistance, the PRSD mission found that UNFPA's limited resources had been placed in key areas and that UNFPA had successfully supported the Government's shift from a targeted family planning approach to one based on maximizing reproductive health. One of the many successful activities cited was support for a state population information, education and communication (IEC) bureau in Rajasthan, which helped integrate IEC components into family welfare programmes throughout the state. This is now being replicated in other states. In addition, the PRSD found that UNFPA played a critical role in building consensus on population and women's issues among NGOs.

10. The country programme evaluation highlighted a number of constraints that need to be addressed in the development of future activities. First, the absence of baseline surveys made it difficult to assess the impact of the programme. Also, since a significant proportion of UNFPA funds were invested in building infrastructure, fewer funds were available for human development, systems improvements and operational research. Disbursement and utilization of committed funds were delayed in a number of projects due to procedural bottlenecks resulting from the Government's approval and implementation processes. And it was felt that the programme had insufficient focus on the specific needs of adolescents and youth, on male involvement in family planning, on the challenges facing women's empowerment, and on the problems of the urban poor.

11. In considering UNFPA's future role, the PRSD recommended that the Fund continue to support a comprehensive population programme focused on operationalizing India's new target-free approach as well as increasing the accessibility of quality reproductive health services and undertaking operations research to demonstrate the cost-effectiveness of a variety of approaches. The PRSD supported enhancing the roles of NGOs, their capacities and their participation in the proposed programme. It additionally recommended promoting policy support and intersectoral linkages between reproductive health and other sectors, as well as empowerment initiatives addressing gender disparities. Since 25 per cent of India's population is made up of adolescents, the mission emphasized that UNFPA assistance should give adolescent reproductive health issues, especially those of girls, priority attention.

Other external assistance

12. In addition to UNFPA, other major development partners in the population field include the World Bank, UNICEF, the World Health Organization (WHO), and the Governments of Denmark, Sweden, Norway, the United Kingdom and the United States. The World Bank is expected to provide $300 million as an international development assistance (IDA) loan to strengthen the Department of Family Welfare in support of the Government's reproductive and child health programme. UNICEF provides $40-60 million annually to support efforts to improve the status of children including Child Survival and Safe Motherhood activities, targeting areas with the lowest health status, particularly in the northern states. A number of donors, including UNDP, UNICEF and UNFPA, are making resources available in an effort to expand the educational opportunities for the girl child and enhance the empowerment of women through income-generating activities. The German Kreditanstalt für Wiederaufbau (KfW) has recently signed an agreement to support an international NGO, Population Services International, in a social marketing programme. The International Planned Parenthood Federation (IPPF) provides assistance to its affiliate, the Family Planning Association of India.

13. Donors' assistance to other population and development sectors is less prominent, and UNFPA remains the only donor supporting a comprehensive population programme. UNFPA's comparative advantage is based on the Government's recognition of its long experience in the country and belief that UNFPA should provide guidance for major aspects of national level policy change as well as in operationalizing the reproductive health approach at the state and district levels. Under the proposed programme UNFPA's concentration of reproductive health activities in certain districts will complement the interventions of other donors active in other parts of the country.

Proposed programme

14. Given the existing inequalities faced by women in all spheres of life in India, the UNFPA programme will have a strong focus on women's empowerment issues. The programme will support the implementation of the National Policy for the Empowerment of Women and assist the Government in its strong advocacy and awareness-building activities designed to influence Indian attitudes regarding gender issues. Adolescents will also be given special attention in all programme components and initiatives through information and counselling and the provision of reproductive health services. Resources will be used for a few selected urban locations to integrate reproductive health in ongoing government schemes addressing the improvement of the lives of women and adolescents among the urban poor.

15. UNFPA will operationalize the integrated reproductive health approach in 40 selected districts in six states -- Gujarat, Kerala, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. Fifty per cent of programme funds will be used to support the introduction of quality reproductive health services

and associated activities integrated with other development programmes in these selected districts. In order to increase the participation of NGOs in programme implementation, 10 per cent of country programme funds will be set aside exclusively for activities to be undertaken by NGOs and for strengthening NGO capacities. This will enhance implementation of innovative initiatives and provide services to communities that are remote or have little access to other programmes. UNFPA will also continue to work with women's advocacy groups to improve awareness of, access to and the quality and range of reproductive health services. In view of the large pool of expertise India has developed over the years in the area of population and development, UNFPA will facilitate exchanges of knowlec e with other countries in the region.

16. Reproductive health. The proposed programme would support the Government's goals of reducing maternal and infant mortality, increasing the contraceptive prevalence rate and achieving a net reproduction rate of 1 by the year 2006. Nationally, the programme will fund research for the development of effective IEC interventions regarding safe practices and family planning, violence against women, Safe Motherhood and sexually transmitted diseases (STDs), including HIV/AIDS. The programme also proposes to help create demand, and be more responsive to needs, for reproductive health services among the general public; one method for achieving this will be to enable health care providers to respond to client needs through effective interpersonal communication. The programme will also assist in developing quality IEC materials that reflect post-ICPD concepts and approaches. Training will be provided to improve population education in schools.

17. The proposed programme also seeks to ensure availability of a wider range of quality contraceptive methods, emphasizing non-permanent methods, in that currently 80 per cent of contraception is achieved by female sterilization and there is a need to reach younger couples and men. To help improve the performance of the national reproductive and child health programme, UNFPA will help develop and introduce procedures, guidelines, standards, and assessment indicators of unmet needs for contraception and other services. Support will also be provided for upgrading the logistics management system so that it can accommodate the needs of comprehensive reproductive health services. The Fund will also provide assistance for operations research and for epidemiological surveys to determine the prevalence and patterns of maternal mortality and morbidity, reproductive health morbidities and infertility.

18. UNFPA will assist the Government in implementing "target free" reproductive health programmes in 40 districts in six states with local community involvement in design and implementation. The services will include family planning, sexual health, maternal health, management of the consequences of unsafe abortions and the prevention and screening of reproductive tract infections and STDs. The Fund will also support IEC activities in the 40 districts directed towards specific communities and to specific target groups, including women, men, young people and traditional birth attendants. UNFPA will support baseline surveys of health services in the selected districts in order to establish a project evaluation mechanism, giving special focus to women

and adolescents. Based on the findings of these surveys, the Fund will provide training and technical support to enhance the capacities of district health staff in terms of planning and management.

19. Population and development strategies. Coordination of population and development activities will be pursued through the strengthening of the capacities of the local governments in the 40 districts selected for UNFPA assistance. The programme proposes to provide selective support for key policy-oriented research, the outcomes of which will be used for advocacy and for guiding programme activities. In addition, it will assist the Government to improve the data entry and analysis processes for the census to be conducted in 2001. Special focus will be on producing gender-disaggregated data and data that will include comprehensive reproductive health indicators. Drawing on lessons learned from past experience with women's income-generating activities and empowerment projects, the programme will support interventions with other donors that enable girls and women to have equal access to social and economic assets and to improve their health and status in society. In this context, UNFPA will also support components of a primary education programme for girls as part of a United Nations system initiative for India.

20. Advocacy. UNFPA proposes to undertake efforts to assist the Government in increasing the awareness of public representatives, policy makers, programme planners and service providers on key reproductive health issues, including women's empowerment, the special needs of adolescents, male participation in reproductive health programmes and the integrated nature of population and development issues. Lessons learned from UNFPA's previous programmes suggest that India's advocacy programmes have not adequately addressed cultural, ethnic and linguistic diversity in developing messages. The need for effective interpersonal communication has not been given adequate attention in the past. Although India has a long history of population education programmes, which were started in 1969, the focus needs to be reoriented to post-ICPD concepts. These challenges will be addressed under the proposed programme. To carry out more effective advocacy in support of the Government's reproductive and child health programme, UNFPA will support IEC Bureaus in selected states and some NGOs and academic institutions to enable them to carry out state- or district-level programmes.

Implementation, monitoring, evaluation and coordination

21. As in the past, the programme will be largely carried out through national modalities, drawing on the large pool of human and institutional resources available in India. This will include central ministries, state and local governments, and national research institutions and NGOs. Certain specific technical inputs will be carried out through United Nations agencies and international NGOs. The modalities for implementing district programmes will vary depending on the administrative set-up of the states but will include departments, voluntary societies under the District Collector or the District Council, and NGOs. UNFPA will work in the six states in a phased manner starting in 1997 with the districts in Rajasthan, where it has a substantial niche in terms of physical presence, past experience

and working relationship with the state mechanism. To expedite the processing of NGO proposals, UNFPA will establish a regular system of review meetings with concerned government departments.

22. In order to provide stronger technical and managerial support at the district, state and national levels, UNFPA proposes to create a unit in each of the targeted states and a Technical Services Group based in New Delhi. In addition, the UNFPA Country Support Team, based in Kathmandu, Nepal, will provide technical expertise as required. For a more continuous and efficient flow of funds from the centre to the states and individual projects, UNFPA will work with the Government to identify multiple channels like government treasuries at the central and state levels, and direct transfer from the concerned department of the central government to the implementing agency at the state or district level.

23. The UNFPA country programme will be reviewed annually by a National Committee chaired by the Union Secretary for Family Welfare and will include the membership of other relevant sector ministries. It will assess the programme in terms of its contribution towards achieving national population and development programme objectives and also to address population and development priorities for the coming year. Similar review mechanisms will be established for large projects at the state level. A mid-term review of the programme will be conducted in 1999.

Recommendation

24. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for India, as outlined above, in the amount of $100 million over the five-year period 1997-2001, $80 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $20 million would be sought from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.